

10/538868

JC17 Rec'd PCT/PTO 14 JUN 2005

In re Patent Application of

Aleardo KOVERCH

Atty. Ref.: 2801-138; Confirmation No.

Appl. No. unknown

TC/A.U. unknown

Filed: June 14, 2005

Examiner: unknown

For: USE OF L-CARNITINE FOR THE TREATMENT OF CARDIOVASCULAR DISEASES

June 14, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

IDENTIFICATION OF PRACTITIONERS TO BE RECOGNIZED

Of the Patent Practitioners identified in the concurrently filed Power of Attorney, please recognize the following listed Patent Practitioners as being of record in the above-identified application/patent.

Listing of Practitioners of Record (No more than 10)

Larry S. Nixon	Reg. No. <u>25,640</u>
Arthur R. Crawford	Reg. No. <u>25,327</u>
Robert W. Faris	Reg. No. <u>31,352</u>
Mark E. Nusbaum	Reg. No. <u>32,348</u>
Michael J. Keenan	Reg. No. <u>32,106</u>
Jeffry H. Nelson	Reg. No. <u>30,481</u>
John R. Lastova	Reg. No. <u>33,149</u>
H. Warren Burnam, Jr.	Reg. No. <u>29,366</u>
Michael J. Shea	Reg. No. <u>34,725</u>

Respectfully submitted,

NIXON & VANDERHYTE P.C.

By:



Arthur R. Crawford
Reg. No. 25,327

ARC:alb
901 North Glebe Road, 11th Floor
Arlington, VA 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100

Case No. _____

Nixon & Vanderhye P.C. (12/97)

**RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Use of L-carnitine for the treatment of cardiovascular diseases

the specification of which (check applicable box(s)):

☐ is attached hereto

☐ was filed on _____

as U.S. Application Serial No. _____

☒ was filed as PCT International application No. _____

PCT/IT2004/000107

on March 3, 2004

and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):

Application Number

Country

Day/Month/Year Filed

RM2003A000178

IT

April 17, 2003

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Number

Date/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s):

Application Serial No.

Day/Month/Year Filed

Status: patented
pending, abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint NIXON & VANDERHYE P.C., 1100 North Glebe Rd., 8th Floor, Arlington, VA 22201-4714, telephone number (703) 816-4000 (to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Arthur R. Crawford, 25327; Larry S. Nixon, 25640; Robert A. Vanderhye, 27076; James T. Hosmer, 30184; Robert W. Faris, 31352; Richard G. Besha, 22770; Mark E. Nusbaum, 32348; Michael J. Keenan, 32106; Bryan H. Davidson, 30251; Stanley C. Spooner, 27393; Leonard C. Mitchard, 29009; Duane M. Byers, 33363; Jeffry H. Nelson, 30481; John R. Lastova, 33149; H. Warren Burnam, Jr. 29366; Thomas E. Byrne, 32205; Mary J. Wilson, 32955; J. Scott Davidson, 33489; Alan M. Kagen, 36178; William J. Griffin, 31260; Robert A. Molan, 29834; B. J. Sadoff, 36663; James D. Berquist, 34776; Updeep S. Gill, 37334.

Inventor's Signature: [Signature]

Date: May 11, 2005

Inventor:

ALEARDO

KOVERECH

Italian
(citizenship)

Residence: (city)

ROMA

(state/country) ITALY

ITX

Post Office Address:

c/o SIGMA-TAU INDUSTRIE FARMACEUTICHE RIUNITE S.p.A. - Via Pontina Km. 30,400 Pomezia

(Zip Code)

00040

Inventor's Signature: _____

Date: _____

Inventor: _____

(first)

MI

(last)

(citizenship)

Residence: (city)

(state/country)

Post Office Address:

(Zip Code)

Inventor's Signature: _____

Date: _____

Inventor: _____

(first)

MI

(last)

(citizenship)

Residence: (city)

(state/country)

Post Office Address:

(Zip Code)

Inventor's Signature: _____

Date: _____

Inventor: _____

(first)

MI

(last)

(citizenship)

Residence: (city)

(state/country)

Post Office Address:

(Zip Code)

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.